

2021 APPLICATION

Complete this form, sign and return with payment to join.
Download form at www.uniquelyurbandale.com.
Thank you for investing in our community!

Business Name _____
(Or attach business card)

Address _____

City, State Zip _____

Phone/Fax _____

Business Category _____
(Visit uniquelyurbandale.com to find category listings)

Year Established _____

Website _____

Primary Contact _____

Title _____

Email _____
(Additional contacts can be added in the online Member Information Center)

Sponsor _____
(Who recommended you to join?)

Primary reason for joining _____

Number of Employees: FT _____ PT _____ (2PT=1FT, included owners)

HOW IT WORKS - *OPTIONAL RECURRING PAYMENTS

I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify the Urbandale Chamber of Commerce in writing at least 30 days prior to the next billing date. Monthly payments are deducted the first week of each month. I understand new enrollments require one year membership before cancellation can take place. Annual payments are deducted the first week of the renewal month each year. Renewal rates are in accordance with the approved investment schedule of the Chamber Board of Directors. I certify I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

MAIL TO:

Urbandale Chamber of Commerce
2830 100th St., Ste. 110, Urbandale, IA 50322
Fax (515) 331-2987 Phone: (515) 331-6855
www.uniquelyurbandale.com
info@urbandalechamber.com

MEMBERSHIP OPTIONS

___ General Membership Levels

Membership is based on the number of full-time employees (2PT=1FT) calculated by the following ranges. Annual investment includes a discount.

- | | | | |
|-------------------------------------|------------------|---------------------------------------|---------------------|
| <input type="checkbox"/> 0-9 FTEs | \$ 39/mo (\$438) | <input type="checkbox"/> 50-99 FTEs | \$ 79/mo (\$855) |
| <input type="checkbox"/> 10-25 FTEs | \$ 49/mo (\$551) | <input type="checkbox"/> 100-249 FTEs | \$ 99/mo (\$1,132) |
| <input type="checkbox"/> 26-49 FTEs | \$ 59/mo (\$649) | <input type="checkbox"/> 250+ FTEs | \$ 159/mo (\$1,803) |

___ Investor Membership Level

- | | | | |
|--|-------------|--|--------------|
| <input type="checkbox"/> Platinum | \$ 2,000/yr | <input type="checkbox"/> Community Partner | \$ 7,500/yr |
| <input type="checkbox"/> Elite Partner | \$ 3,250/yr | <input type="checkbox"/> Chairman's Circle | \$ 10,000/yr |
| <input type="checkbox"/> Trustee | \$ 5,000/yr | | |

___ Individual Member

- Individual \$ 100/yr

Subtotal \$ _____

One-time Administration Fee \$25.00

genYP Memberships; \$40 annually/person \$ _____

TOTAL PAYMENT \$ _____

PAYMENT OPTIONS

___ Check is enclosed ___ Invoice me ___ Charge my CC

___ Enroll in Monthly AutoPay* ___ Enroll in Annual AutoPay*

Name on card _____

CC Number _____

Address _____
(Where credit card statements are sent)

City, St. Zip _____

Exp. Date ___/___ CVV ____

How it Works

Thank you for completing this application. By joining, you agree to invest in the future of our community, according to the approved membership schedule of the Chamber Board of Directors. Membership dues are payable annually, on a continuous basis, unless canceled in writing. Memberships are non-refundable. There is a one-time administration fee of \$25 for all new members.

Your membership dues may be deductible as an ordinary and necessary business expense for federal income tax purposes and estimates one percent of your membership dues are used for advocacy purposes and are not deductible as a business expense.

When signing this application, you are agreeing to pay the membership rate within 30 days of the date listed below. All invoices not paid within 30 days are subject to a **1.5% MONTHLY FINANCE FEE OR A \$5 MINIMUM CHARGE**, whichever is greater. A \$25 fee will be assessed for all returned checks and/or declined credit cards.

Signature _____

Date _____